RECEIVED File Original and First Copy with JAN 21 1998 Start Card No. W 072737 UNIQUE WELL I.D. # Second Copy — Owner's Copy Third Copy — Driller's Copy Water Right Permit No. C PHROWY 98253 HO BX GREENBANK Actions OWNER: Name John LOCATION OF WELL: County ISLAND - NW 1/4 SE 1/4 Sec <u> 8 т.Зо N.R 🤊 Б.</u>WM BAKKEN Rd GREENBANK (2a) STREET ADDRESS OF WELL (or nearest address) Domestic Irrigation WELL LOG OF ABANDONMENT PROCEDURE DESCRIPTION **PROPOSED USE:** Industrial Municipal Formation: Describe by color, character, size of material and structure, and show thickness of aquifers Test Well □ Other П DeWater and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Owner's number of well (If more than one) _____ TYPE OF WORK: MATERIAL FROM TO Method: Dug 🗆 New well Bored Abandoned 3 TOP Soils 0 Cable E Driven 🗆 Deepened Rotary Jetted 🗆 34 Reconditioned [3 HARD PAN 34 52 SANDY HARD DAN **DIMENSIONS:** Diameter of well_ Inches 90 <u>52</u> D_{1RTY} SAND Drilled 153 _feet. Depth of completed well 153 ft. 90 194 SAND **CONSTRUCTION DETAILS:** 102.4 120 GRAUELY tt. to 148 ft. 141 _(0 Casing installed: Dlam. from DIRTY SAND 120 Ħ. Diam. from ft. to 141 144 <u>-\a z</u> Liner installed ft. to Diam. from Threaded 144 SAND JATER IN Perforations: Yes Type of perforator used in. In. by SIZE of perforations _ perforations from _ ft to ft. perforations from ft _ perforations from Screens: Yes 🔀 No [OOK Manufacturer's Name Model No.344 Type STAINLESS <u>STeel</u> Diam. ____ Slot size _ ft. to 153 ft. ft. Diam. ____ Slot size No 🔼 Gravel packed: Yes Size of gravel ft. ft. to Gravel placed from To what depth? 18+ Surface seal: Yes 🔀 BENTONITE Material used in seal Did any strata contain unusable water? Yes Depth of strate Type of water? ____ Method of sealing strata off PUMP: Manufacturer's Name HР Type: 19 Completed Occ 199 Work Started . DEC Land-surface elevation **WATER LEVELS:** 220 12 -47 12 _ ft. below top of well Date _ Static level WELL CONSTRUCTOR CERTIFICATION: _ lbs. per square inch Date ; Artesian pressure I constructed and/or accept responsibility for construction of this well, and its Artesian water is controlled by (Cap, valve, etc.) compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief. WELL TESTS: Drawdown is amount water level is lowered below static level No K Was a pump test made? Yes If yes, by whom? hrs. gal./min. with ft. drawdown after Yield: ,, 11 ** Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level) Water Level Water Level Time Water Level Time Contractor's Registration No. W. 1.08 W. 2.87 M. Date _____ (USE ADDITIONAL SHEETS IF NECESSARY)

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cial accommodation needs, contact the Water Resources Program at (206)

407-6600. The TDD number is (206) 407-6006.

Artesian flow

Airtest

Date of test

Temperature of water ____

Bailer test 10 gal./min. with _

12

gal./min. with stem set at

___ ft. drawdown after

g.p.m. Date

___ Was a chemical analysis made? Yes 🗌

hrs.

No 🛛